

City of Liberty Lake

22710 East Country Vista Drive Liberty Lake WA 99019 (509) 755-6700 Fax: (509) 755-6713

Application for Liberty Lake Youth Commission Deadline: Open Until Filled

Thank you for your interest in serving on the Liberty Lake Youth Commission. The purpose of this form is to provide the Mayor and City Council members with some information about individuals considered for appointment. This application will be kept on file for two years. The file of completed applications is open for public inspection upon request.

Date:		
Name:		
(Last)	(Middle)	(First)
Home Phone:		
Email:		
Age:		
School:		
Grade:		
Have you ever been conv	icted for anything other than a minor	r traffic violation?
Work Experience:		
Extra Curricular Activitie	s:	
References: (Please list na	ame, address and phone number)	
1		
<i>2</i>		
3		

Please answer the following questions (answers may continue on an additional page):		
Why are you passionate about bec	oming a member of the Commission?	
How do you feel that a Youth Con	nmission can benefit the youth in Liberty Lake?	
Please describe the leadership attri Commission:	butes you would be able to bring to the Youth	
Signature:	Date:	
Please Return Form to:		
City of Liberty Lake		

City of Liberty Lake Attn: Arlene Fisher, Director of Finance/Administration 22710 East Country Vista Dr. Liberty Lake, WA 99019